

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE				
						APPLICANT(S)		09/890229			
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51					
2		1				52					
3		1				53					
4		1				54					
5		1				55					
6		1				56					
7		1				57					
8		1				58					
9		1				59					
10	/					60					
11		1				61					
12		2				62					
13		2				63					
14	/					64					
15		1				65					
16		2				66					
17		2				67					
18		2				68					
19		2				69					
20		2				70					
21		2				71					
22	/					72					
23		1				73					
24	/					74					
25		1				75					
26		2				76					
27		2				77					
28		2				78					
29		2				79					
30	/					80					
31		1				81					
32		2				82					
33		2				83					
34		2				84					
35		2				85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TAL	6					TOTAL IND.					
TAL	3					TOTAL DEP.					
TALMS	2					TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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